

Schedule C - Profit or Loss from Business

Name: SSN:

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2025. This business was disposed of during 2025.

Select if this business is for: Professional gambler Newspaper delivery and you are under 18 years of age Exempt Notary income A clergy

Yes No Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business. If "Yes," did you file Forms 1099 for the individuals? Gross receipts entered below includes sales tax collected from customers Gross receipts entered below has been reduced by withheld card fees.

Income

2025 2025 Gross receipts or sales Other income Returns & allowances

Expenses

2025 2025 Advertising Repairs & maintenance Car & truck expenses Supplies Commissions & fees Taxes & licenses Contract labor Travel Depletion Total meals Employee benefit programs Utilities Insurance (other than health) Wages Interest - mortgage Family health coverage payments for taxpayer, spouse or dependents Interest - other Other expenses (list) Legal & professional services Office expenses Pension & profit-sharing plans Rent or lease (vehicles, machinery, & equipment) Rent (other business property)

Cost of Goods Sold

2025 2025 Inventory at beginning of year Materials & supplies Purchases Other costs Cost of personal use items Inventory at end of year Cost of labor There was a change in inventory method.

Expenses Related to Business

Name: SSN:

Auto Expense

Name of business vehicle is used for

Description of vehicle Date vehicle was placed in service

Yes No Yes No
Was this vehicle available for use during off-duty hours?
Was another vehicle available for personal use?
Do you have evidence to support your deduction?
If "Yes," is the evidence written?

Mileage
Number of miles the vehicle was driven during 2025
Business
Commuting
Personal Miles
Personal mileage entry required, mark zero if none

Expenses
Garage rent
Gas
Insurance
Licenses
Oil
Parking fees
Rental fees
Interest
Property tax
Repairs
Tires
Tolls
Lease addback
Other expenses

Business Use of Home

Name of business home is used for

What is the total square footage of your home that was used regularly and exclusively for business?

What is the total square footage of your home?

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used?

How many hours per day was the area used?

The daycare facility was in operation for the entire year

Expenses Office expenses Home expenses
Mortgage interest
Real estate taxes
Excess mortgage interest
Excess real estate taxes
Insurance
Rent
Repairs & maintenance
Utilities
Other expenses

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Purchase and Sale of Assets

Name of business or rental:

Provide all brokerage statements

[illegible]

Installment Sale Income

TSJ _____ Description of property: _____

Date acquired	Date sold	2025	Prior Years
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Selling price

Mortgages assumed

Cost of property sold	
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Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party ☐